

# **QC PE Answers**

- ▮ The following slides contain the corrections to either the forms or certificates of corrections that must be attached to the original DD Form 2624 when sent to the laboratory.**
- ▮ Ensure that you use the mouse button to click (Do not scroll) through the presentation or you may miss some explanations.**

## SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT Fort Swampy ASAP Bldg 1234 Gator Ave Fort Swampy, LA 98765		2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) 1/16th INF 160 Swamp Rat Lane, Fort Swampy, LA 12345 (555)-111-5676		A. LABORATORY CONDUCTING TESTING	
3. BASE/AREA CODE <b>FC32</b>	4. UNIT IDENTIFICATION CODE <b>W2LAAA</b>	5. DOCUMENT/BATCH NUMBER <b>0001</b>	6. DATE SPECIMEN COLLECTED YYYYMMDD <b>20050710</b>	B. BATCH NUMBER	C. REPORT OF RESULTS
Version 530L				D. DRUGS TESTED	
7. SPECIMEN NUMBER		9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE
001 000-11-2005		IR	B		
002 000-44-4003		IR	B		
003 000-33-2010		IR	B		
004 000-22-2023		IR	B		
005 000-11-1002		IR	B		
006 000-11-3005		IR	A		
007 999-44-3001		IR	A		
008 000-11-2015		IR	B		
009 000-33-3007		IR	A		
010 000-33-3008		IR	A		
011 000-22-3007		IR	A		
012 000-11-4003		IR	B		
H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicate proper laboratory procedures, and they are correctly annotated.					
(1) SIGNATURE			(2) DATE SIGNED		

Apparently you forgot to enter the BAC and UIC on the DTP software. These items can be written in on the DD Forms 2624; but the barcode under them must be

Specimen #3: You changed the Test information code from A to B (SPC to SGT); but the code is part of the barcode, therefore the

Specimen #8: Specimen was not collected, must be properly voided on DD Form 2624

## Track 2, Module 3 Homework

Since the BAC and UIC were not entered into DTP, none of the specimens have them; a Certificate of correction is required to fix all the specimens with a bar-coded label.

Note: specimen #8 was not collected and Specimen #9 had a new handwritten label.

### CERTIFICATE OF CORRECTION

MEMORANDUM FOR:

SUBJECT: Certificate of Correction

1. This letter is to certify the following corrections were made as indicated below for urine specimen enclosed with this shipment for testing.

2. REFERENCE: (X) BOTTLE LABEL ( ) DD FORM 2624

DOCUMENT/BATCH 0001 SPECIMEN 1 thru 7, and 10, 11, 12

READS AS:

BAC: UIC;




CORRECTED TO READ AS:

BAC: FC32 UIC: W2LAAA

SIGNATURE: Brian Halder  
DATE: 10 JULY 05  
TITLE: 116 INF UPL

VERIFIED BY: CPT John Smith  
DATE: 10 JULY 05  
TITLE: Commander

## Track 2, Module 3 Homework

Tape Here	IR	0001	006	Tape Here
				
	000-11-3005			
	20050710			
BAC:		UTC:		
UPL	RC			
SM	BH			

**Error on bottle label -  
Initials are backward.  
The Soldier (RC)  
initialed on the UPL line  
and the UPL (BH)  
initialed on the SM line.  
This must be corrected  
with a Certificate of**

### CERTIFICATE OF CORRECTION

#### MEMORANDUM FOR:

SUBJECT: Certificate of Correction

1. This letter is to certify the following corrections were made as indicated below for urine specimen enclosed with this shipment for testing.

2. REFERENCE: (X) BOTTLE LABEL ( ) DD FORM 2624

DOCUMENT/BATCH 0001 SPECIMEN 6

*SM initialed on the UPL initial line, and UPL initialed on SM line.*

#### READS AS:

UPL RC  
SM BH

#### CORRECTED TO READ AS:

UPL BH  
SM RC

SIGNATURE: Brian Halden  
DATE: 10 July 05  
TITLE: 1st INF UPL

VERIFIED BY: CPT John Smith  
DATE: 10 July 05  
TITLE: COMMANDER



12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD) a.	RELEASE BY b.	RECEIVED BY c.	PURPOSE OF CHANGE / REMARKS d.	BLOCK	USA	USN/MC	USAF	
(1)	SIGNATURE <i>Brian Halder</i>	SIGNATURE	SHIPPED SPECIMENS TO FTDL BY USPS	1	SUBMITTING UNIT	Message address of unit submitting urine samples		
050710	NAME BRIAN HALDER	NAME USPS		2	ADDITIONAL SERVICE INFORMATION (SECOND ECHOLON)	Do not use.	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
(2)	SIGNATURE	SIGNATURE		3	BASE/ AREA CODE	Service code area.	Leave blank for future use.	Four-character Base Identification code (Ex, F-123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
	NAME	NAME			UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit		Do not use
(3)	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> <b>The Received by block on the 1<sup>st</sup> line must have USPS entered.</b> </div>				DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 sam- ples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all speci- mens in the shipment (Ex, 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
(4)				NAME	NAME	6	DATE SPECIMEN COLLECTED	Enter the four-digit-year, two-digit-month, and two-digit-day that samples were collected by submitting unit.
(5)	SIGNATURE	SIGNATURE		7	SPECIMEN NUMBER	Use number pre-printed on form.	Enter 3-digit sequential specimen number (last 3 characters of full BIDN).	
	NAME	NAME		8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
				9	TEST BASIS	Indicate the testing premise to conduct the collection		
(6)	SIGNATURE	SIGNATURE		10	TEST INFORMATION	Military: A= E1 - E4; B= E5 to E10; Civilian only: C= TDP Aviation; D= TDP Guard/Police; F= TD; ADAPCP Staff; G= other TDP; N= other nonmilitary	Leave Blank	Entry required only if additional testing is requested: F= Full Panel; S= Steroids; O= Other drugs- Provide clarification in attached message.
(7)	SIGNATURE	SIGNATURE		11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used.
(8)	SIGNATURE	SIGNATURE		12 CHAIN OF CUSTODY (LINE (1))				
	NAME	NAME		a. DATE -Date of collection/shipment. b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples. c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank. d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab. Note: If/when custody of specimens changes other than for a shipment (unless hand carried to the lab). Each change requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).				
(9)	SIGNATURE	SIGNATURE		13 DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES				
	NAME	NAME						
(10)	SIGNATURE	SIGNATURE						
	NAME	NAME						

Drug Testing Program  
Testing Register

07/10/2005 1:06:43 PM  
IR

Date of Collection T/M/D/Y	Batch And Specimen #	Tested Members Rank, Printed Name, SSN Signature	TPI	Observer's Printed Name and Signature	Comments and Disposition
07/10/2005	Batch: Spec: 0001 001	MSG Black, David 000-11-2005 David Black	IR	MICHAEL MYERSON Michael Myerson	
07/10/2005	Batch: Spec: 0001 002	1SG Bradley, Tom 000-44-4003 Tom Bradley	IR	MICHAEL MYERSON Michael Myerson	
07/10/2005	Batch: Spec: 0001 003	SP6 Brooks, Archie 000-33-2010 SG-13 JUL 05 2H Archie Brooks	IR	MICHAEL MYERSON Michael Myerson	PROMOTED TO SGT ON 1 JUL 05
07/10/2005	Batch: Spec: 0001 004	SSG Budda, George 000-22-2023	IR	MICHAEL MYERSON	
07/10/2005				Michael Myerson	
07/10/2005				L MYERSON	
07/10/2005				Michael Myerson	
07/10/2005				L MYERSON	
07/10/2005				Michael Myerson	
07/10/2005	Batch: Spec: 0001 007	PVT Chipper, Christine 999-44-3001 Christine Chipper	IR	JESSICA JONES Jessica Jones	
07/10/2005	Batch: Spec: 0001 008	SFC Conrad, Archie 000-11-2015	IR		TDY - NOT TESTED
07/10/2005	Batch: Spec: 0001 009	PFC Extra, Jake 000-33-3007 Jake Extra	IR	MICHAEL MYERSON Michael Myerson	1ST ATTEMPT - SHORT 2ND ATTEMPT - OK
07/10/2005	Batch: Spec: 0001 010	PFC Feeble, Matthew 000-33-3008 Matthew Feeble	IR	MICHAEL MYERSON Michael Myerson	
07/10/2005	Batch: Spec: 0001 011	PFC Fisher, John 000-22-3007 John Fisher	IR	MICHAEL MYERSON Michael Myerson	
07/10/2005	Batch: Spec: 0001 012	MSG Green, Jake 000-11-4003 Jake Green	IR	MICHAEL MYERSON Michael Myerson	

Remember that the Testing Register is a legal document and must be correct. Initial and DATE all changes.

## SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT Fort Swampy ASAP Bldg 1234 Gator Ave Fort Swampy, LA 98765		2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) 1/16th INF 160 Swamp Rat Lane, Fort Swampy, LA 12345 (555)-111-5676		A. LABORATORY CONDUCTING TESTING	
3. BASE/AREA CODE FC 32	4. UNIT IDENTIFICATION CODE W2LAAA	5. DOCUMENT/BATCH NUMBER 0002	6. DATE SPECIMEN COLLECTED YYYY.MM.DD 20050710	B. BATCH NUMBER	C. REPORT OF RESULTS
Version 530L				D. DRUGS TESTED	
7. SPECIMEN NUMBER [REDACTED]		9. TEST BASIS IR	10. TEST INFO A	E. DISC CODE	F. ACCESSION NUMBER
8. COMPLETE SSN [REDACTED]		G. RESULT VOID BH 10 July 05			
001 000-33-3012		IR	B		
002 000-11-3009		IR	A		
003 000-44-3007		IR	A		
004 000-33-4006		IR	B		
005 000-33-3016		IR	A		
006 999-22-3004		IR	A		
007 000-22-3018		IR	A		
008 999-33-2005		IR	A		
009 000-33-3021		IR	A		
H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and they are correctly annotated.					
(1) SIGNATURE				(3) CERTIFYING OFFICIAL (Printed Name and Title)	
(2) DATE SIGNED					

The BAC and UIC was  
into the DTP software.  
items can be written in  
Forms 2624; but the b  
under them must be p

The  
corrected  
form  
looks like  
this

Specimen #1: The specimen was  
voided because of the SSN the  
barcode must be partially  
blackened out.

Specimen #7: Specimen was not  
collected, must be properly voided  
on DD Form 2624



## Track 2, Module 3 Homework

Since the BAC and UIC were not entered into DTP, none of the specimens have them; a Certificate of correction is required to fix all the specimens with a bar-coded label.

Note: specimens #1 and #7 were not collected and Specimen #9 had a new handwritten label.

### CERTIFICATE OF CORRECTION

MEMORANDUM FOR:

SUBJECT: Certificate of Correction

1. This letter is to certify the following corrections were made as indicated below for urine specimen enclosed with this shipment for testing.

2. REFERENCE: (X) BOTTLE LABEL ( ) DD FORM 2624

DOCUMENT/BATCH 0002 SPECIMEN 2 thru 6, and 8

READS AS:

BAC: UIC:

CORRECTED TO READ AS:

BAC: FC32 UIC: W2LAAA

SIGNATURE: Brian Halder  
DATE: 10 July 05  
TITLE: VIA INF UPL

VERIFIED BY: CPT John Smith  
DATE: 10 JULY 05  
TITLE: COMMANDER



12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS			
DATE (YYMMDD)	RELEASE BY	RECEIVED BY	PURPOSE OF CHANGE / REMARKS	BLOCK	USA	USN/MC	USAF
(1)	SIGNATURE <i>Brian Halder</i>	SIGNATURE	SHIPPED SPECIMENS TO FTDTL BY USPS	1 SUBMITTING UNIT	Message address of unit submitting urine samples		
050710	NAME BRIAN HALDER	NAME USPS		2 ADDITIONAL SERVICE INFORMATION (SECOND ECHOLON)	Do not use.	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
(2)	SIGNATURE	SIGNATURE		BASE/ AREA CODE	Service code area.	Leave blank for future use.	Four-character Base Identification code (Ex, F-123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
(3)				UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit		Do not use
(4)				MENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 sam- ples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all speci- mens in the shipment (Ex, 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
	NAME	NAME		6 DATE SPECIMEN COLLECTED	Enter the four-digit-year, two-digit-month, and two-digit-day that samples were collected by submitting unit.		
(5)	SIGNATURE	SIGNATURE		7 SPECIMEN NUMBER	Use number pre-printed on form.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
	NAME	NAME		8 COMPLETE SSN	Full SSN of person from whom sample obtained.		
				9 TEST BASIS	Indicate the testing premise to conduct the collection		
(6)	SIGNATURE	SIGNATURE		10 TEST INFORMATION	Military: A= E1 - E4; B= E5 to E10; Civilian only: C= TDP Aviation; D= TDP Guard/Police;  F= TD; ADAPCP Staff; G= other TDP; N= other nonmilitary	Leave Blank	Entry required only if additional testing is requested: F= Full Panel; S= Steroids; O= Other drugs- Provide clarification in attached message.
	NAME	NAME		11 PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used.
(7)	SIGNATURE	SIGNATURE		12 CHAIN OF CUSTODY (LINE (1))			
	NAME	NAME		a. DATE -Date of collection/shipment. b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples. c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank. d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab. Note: If/when custody of specimens changes other than for a shipment (unless hand carried to the lab). Each change requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).			
(8)	SIGNATURE	SIGNATURE		13 DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES			
	NAME	NAME					
(9)	SIGNATURE	SIGNATURE					
	NAME	NAME					
(10)	SIGNATURE	SIGNATURE					
	NAME	NAME					

**The Chain of custody must be completed to show the specimens were shipped to the lab by USPS.**